FORM APR

CITY OF HENDERSON

ANNUAL RECONCILIATION OF
PAYROLL TAX WITHHELD
FOR YEAR ENDED
DUE ON OR BEFORE FEBRUARY 28

MAIL	TO:	CITY	OF	HEN	DERSO	N

PO BOX 671

HENDERSON KY 42419-0671

PHONE: (270)831-1290, EXT 2229

OR (270)831-1200

LICENSE NUMBER		
NAME	_	
ADDRESS	_	
CITY, STATE, ZIP	TELEPHONE NUMBER	
1. Total Gross Salaries, Wages, and Other Compensation Paid for t	he Year 1	<u>.</u>
2. Less Compensation Paid for Services Outside the City	2	
3. Taxable Earnings (Line 1 minus Line 2)	3	
4. Payroll Tax Due the City (Line 3 x 1.65%)	4	
5. Payroll Tax Paid with Monthly or Quarterly Returns:		
Jan	July	
Feb	Aug	
Mar or 1st Qtr	Sep or 3 rd Qtr	
Apr	Oct	
May	Nov	
Jun or 2nd Qtr	Dec or 4th Qtr	
	Total Submitted	5
6. Total local wages withholdings for the City of Henderson as repostal ance with amount paid to the City of Henderson on Line 5 and attach explanation	amount due on Line 4. If Lines 4	, 5, and 6 are not the same,
7. Total number of employees working in the City of Henderson or	n December 31 of the tax year. I	7
This reconciliation form must be filed with the City of Henderson form (W-3) must be submitted with this reconciliation, along wit (including pre-tax contributions to retirement or deferred compe premiums, personal use of employer provided automobile, excessubject compensation).	h a payroll register or listing the ensation plans, applicable group	at contains ALL compensation o term life insurance
I declare under the penalties of perjury, that this return has knowledge and belief, it is true, correct, and complete.	been examined by me and t	to the best of my
Signature	Title	
Print Name		DEVISED 42/24/2022

REVISED 12/31/2022